



ANNUAL PASS APPLICATION

TYPE OF DISCOUNTS:	
Corporate	_____
Senior (55+)	_____
Single	_____
Student	_____
Military	_____

Company Name (if applicable) _____

Name (please print) _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Clock I.D. (if applicable) _____

Email Address _____

ELIGIBLE FAMILY MEMBERS

An eligible family member may include a spouse / recognized domestic partner and any legal dependants claimed on your federal taxes and / or health insurance. Additional documentation may be required to prove eligibility if requested.

FIRST NAME	M	LAST	RELATIONSHIP	AGE	BIRTH DATE

AGREEMENT

By the giving of my signature below, I hereby confirm that the above information is true and correct. I further understand that if the above information is determined to have been falsely stated, I will forfeit my CERA privileges.

Furthermore, I understand that all individuals must present their Annual Passes upon entrance to the Park, the Sports & Fitness Center, and all outdoor facilities. Children 3 years of age and under are admitted without I.D. cards when accompanied by adult members.

Furthermore, I agree to uphold all the CERA rules and regulations and will enforce them with any of my dependants. I understand that any persons displaying objectionable behavior and / or violating the rules may be removed from the park by CERA Management and may result in the termination of my park privileges.

Furthermore, I, the undersigned participant, parent or legal guardian, hereby agree to waive, release and indemnify CERA, its Board of Directors, Officers, Agents and Assigns from any and all claims, demands, actions or suits (including, but not limited to costs and attorney's fees), arising out of any injury, death, damage or loss which might be sustained by me, my dependants or any persons as a result of my participation in this program.

Furthermore, I, the undersigned participant, hereby agree to a minimum of one year (12 months) or until the end of the pass term. I may elect to discontinue my membership after that time has elapsed. Should the account be referred for collection, the applicant shall pay reasonable attorney's fees and costs of collection.

SIGNATURE _____

DATE _____

<p>MAIL: 3989 South 525 East, Columbus, IN 47203 PHONE: (812) 377-5849 FAX: (812) 377-6408 EMAIL: ceraland@ceraland.org WEBSITE: www.ceraland.org</p>

EFT AUTHORIZATION AGREEMENT

By the giving of my signature below, I, the undersigned participant, hereby authorize CERA to initiate debit / charge entries to my checking / savings / credit card account at the Financial Institution named on the attached voided check or credit card account number listed and to debit the same to such account.

I understand that I have authorized payment for a minimum of a one year (12 month) term (pursuant to the agreement on my signed Pass Holder Form). I may elect to discontinue my pass only after the 12 month term has elapsed.

My checking / savings / credit card account will be charged \$_____ on the _____ (day) of each month for 11 consecutive months. My first draft will occur on _____ (Month) _____ 2014, (Year).

I understand that I may not cancel within the first 12 months unless I notify CERA at least 15 days prior to the drafting date by completing a written cancellation request and making payment in full for the remainder of the fee. **DO NOT CALL YOUR BANK OR CREDIT CARD TO CANCEL, THIS MUST BE COMPLETED THROUGH CERA ONLY.**

I understand that any NSF (non-sufficient funds) transactions will be assessed a \$30 fee and processed through my account no more than twice. The pass will be cancelled and legal action will be taken if the monthly payment and NSF fee is not collected by the second attempt. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and costs of collection.

SIGNATURE _____

PRINTED NAME _____

DATE _____

ANNUAL RECREATION PASS TOTAL \$ _____

Down Payment _____ 11-Monthly EFT Payments

\$ _____ \$ _____

Choose form of Account for Payment:

1) **Checking Account** (attach voided check or deposit slip) OR supply the following information:

Bank Name: _____
Account Number: _____
Routing Number: _____

2) **Savings Account**
Bank Name: _____
Account Number: _____
Routing Number: _____

3) **Credit Card**
MASTERCARD **VISA** **DISCOVER**
Card Number: _____
Expiration Date: _____

